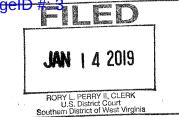
## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA



|         | ) e{ | Frey Todd Hoskins   | 35 4 28                           |
|---------|------|---|-----------------------------------|
|         |      |   |                                   |
| <b></b> |      |   |                                   |
|         |      |   |                                   |
|         |      | ve the full name of the plaintiff s in this action).                          | (Inmate Reg. # of each Plaintiff) |
| VEI     | RSUS | CIVIL A   | ACTION NO. 2:19-cv-42             |
|         |      | (Number   | to be assigned by Court)          |
|         | 004  | th Central Regional   |                                   |
| ,       |      | ve the full name of the defendant nts in this action)                         |                                   |
|         |      | COMPLAI   | NT                                |
| I.      | Prev | vious Lawsuits  |                                   |
|         | Α.   | te or federal court dealing with the same wise relating to your imprisonment? |                                   |
|         |      | Yes N   | 0                                 |

If your answer to A is yes, describe each lawsuit in the space below. (If there

B.

|    | re than one lawsuit, describe the additional lawsuits on another piece of , using the same outline). |
|----|--|
| 1. | Parties to this previous lawsuit:  |
|    | Plaintiffs:  |
|    | Defendants:  |
|    |  |
| 2. | Court (if federal court, name the district; if state court, name the county);                        |
| 3. | Docket Number:   |
| 4. | Name of judge to whom case was assigned:   |
| 5. | Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?              |
| 6. | Approximate date of filing lawsuit:  |
| 7. | Approximate date of disposition:   |

| V.   | Relief (continued)):                   |  |  |
|------|--|--|--|
|      |  |  |  |
|      |  |  |  |
|      | 10000000000000000000000000000000000000 |  |  |
|      | grande som en state i til 1984         |  |  |
| VII. | Cou                                    | nsel   |  |
|      | A.                                     | If someone other than a lawyer is assisting you in preparing this case, state the person's name:                         |  |
|      | В.                                     | Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? |  |
|      |  | Yes No  If so, state the name(s) and address(es) of each lawyer contacted:   |  |
|      |  |  |  |
|      |  | If not, state your reasons: Don't have poone on  |  |
|      |  | the outside to get me any lawyers no   |  |
|      | C.                                     | Have you previously had a lawyer representing you in a civil action in this court?                                       |  |
|      |  | Yes No V   |  |

| IV.   | Statement of Claim (continued):   |
|---|---|
|   | Our heads were laying below the   |
| +   | oilet.  |
|   |   |
|   |   |
| enchantelanta Assistant   |   |
|   |   |
|   |   |
|   |   |
| ***************************************   |   |
| N   |   |
|   |   |
|   |   |
| V.  | Relief  |
|   | State briefly exactly what you want the court to do for you. Make no legal arguments Cite no cases or statutes. |
|   | Please grant lawsuit Please.  |
| ***************************************   |   |
|   |   |
| **************************************  |   |
|   |   |
|   |   |
|   |   |
|   |   |
| ***************************************   |   |
|   |   |
| excession and the state of the |   |
|   |   |

| Yes No  present the facts relating to your complaint in the state prisone e procedure?  Yes No  swer is YES:  That steps did you take? State Out On the |
|---|
| Yes No swer is YES: That steps did you take? Nu steps did you take? Nu steps did you take?  |
| swer is YES:  That steps did you take?   That steps did you take?   |
| That steps did you take? I SUST PUT ON THE  |
|   |
|   |
| black Mold in my cell. That was the result? They just said the  |
| law suit packet was sent.   |
| nswer is NO, explain why not:   |
| w, place your name and inmate registration number in the first blan present address in the second blank. Do the same for additionate.)                  |
| Plaintiff: <u>Seffcey Hoskins 3511281</u>   |
| 1001 CENTRE Way Charleston, WV 25   |
| al Plaintiff(s) and Address(es):  |
|   |

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

| Defendant: South Central Regional Jail |  |  |  |
|--|--|--|--|
| is employed as: 5+q+e                  |  |  |  |
| at                                     |  |  |  |
| Additional defendants:                 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## IV. Statement of Claim

State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

There is black mold ground the Window in AG Cell 5. They leave the boxes off in the Cell's. They don't give us outdoor reck When we have been asking for it for overa month now. They let the other inmates down the hall get all my paperwork, and letters when they was suppose to take them to booking When I went on suicide water

## 

| If so, state t        | he lawyer's name and addre              | SS:               |
|-----------------------|---|-------------------|
|                       |   |                   |
|                       |   |                   |
|                       |   |                   |
| Signed this           | day of                                  | , 20              |
|                       |   |                   |
|                       |   |                   |
|                       | *************************************** |                   |
|                       |   |                   |
|                       |   |                   |
|                       |   |                   |
|                       | Signature of Plaint                     | iff or Plaintiffs |
|                       | perjury that the foregoing is           |                   |
| recuted on            | (Date)                                  | _·                |
|                       |   |                   |
|                       |   |                   |
|                       | Signature of Mova                       | nt/Plaintiff      |
|                       | Signature of Wova                       | nv r iamum        |
|                       |   |                   |
|                       |   |                   |
|                       |   |                   |
| Signature of Attorney |   |                   |
| f any)                |   |                   |